

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3307	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name STEVEN J PIPER P.O. Box, Bldg., Room No., if any Street 4100 NE 64TH ST City ALTOONA State Iowa ZIP Code + 4 50009-9516	4. Name, file number, and address of labor organization. Name LABORERS AFL LOCAL 353 Labor Organization File Number 001-616 P.O. Box, Building and Room Number, if any Street 2121 DELEWARE City DES MOINES State Iowa ZIP Code + 4 50317-3588
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
7.b. Amount. <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

7/8/05
Date

515-265-6131
Telephone Number

Name of Person Filing STEVEN PIPER

File Number U- 3307

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IOWA LABORERS EDUCATION AND TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE C

Street 5806 MEREDITH DRIVE

City DES MOINES

State Iowa ZIP Code + 4 50322

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IOWA LABORERS EDUCATION AND TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE C

Street 5806 MEREDITH DRIVE

City DES MOINES

State Iowa ZIP Code + 4 50322

11.a. Nature of such dealing.

REIMBURSED TRAVEL EXPENSES

11.b. Approximate dollar value of such dealing.

\$2,307

12.a. Nature of interest held or income received.

TRAVEL EXPENSES TO ATTEND INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS, TRUSTEES AND ADMINISTRATORS INSTITUTE

12.b. Amount.

\$2,307

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.